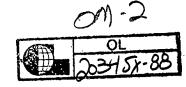
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SPECIMEN SIGNATURE OF APPROVING OFFICER (for Financial Transactions)

•	1. TO: Director of Finance		
25 X 1	2. FROM:		
	2. FROM:	Approving Officer)	
	3. Date of Position Designation (from Form 7 Incumbent Is An Approving Officer)		
	4. Organizational title of position Chies	f, Agency Contracts Group,	/OL
	5. Name of Prior Incumbent	(ITOM above cited 1 orm 723)	
25X1	6. Office Logistics Ro	oom No. 3F03 Bldg.	
25X1	7. I CERTIFY THAT:		
	a. I have read and understand the provisions of responsibilities of Approving Officers, and		as they relate to the
	b. I will become/became the current in	ncumbent of the above identified position, ef	fective
25 X 1 ·	c. If I am the incumbent of a position be on the Approving Authority vested i	below the level of Operating Official, I have in me by the Form 725 cited in line 4 above. SIGNATUR	reviewed any limitations
٠,	-APPROVED:		
25 X 1	-	11 17 188	
	Director of Logistics	Date	
		-	
25X1	FORM 725a (NEW EDITION)	SECRET (When Filled In)	
		1	

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25X1

25X1

25X1

25X1

DESIGNATION OR REVOCATION OF POSITION FOR WHICH INCUMBENT IS AN APPROVING OFFICER

TO: Director of Finance (for financial Approving Officer designations) (When a designation includes approval authority for logistics transactions (requisitions and/or adjustments of accountability for property), retain copy for audit purposes; when a designation is only for logistics transactions, retain original for audit purposes) FROM: John Ray, Director of Logistics (name and title of delegating official-must be Operating Official or incumbent of higher level line management position) Indicate by "x" in paren. if: (X) new position; () change in limitations on authority; or () revocation of previous designation. Office Logistics Organizational Title of Position Chief, Agency Contracts Group Effective date of designation 31 October 1988 of incumbent of this position (Enter "None" or Limitations on approving authority (within the provisions of describe desired limitations in terms of dollar amount, project, and/or category, as applicable _____ None Name of Current Incumbent Remarks: _ Date 2 Nov 1988 (Signature of Delegating Official)

FORM 725 DESTROY PREVIOUS EDITIONS

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